

NOVEMBER 2021 – UPDATES FOR ASSISTORS

- **ADDING NEW CLIENTS**
- **USING THE MOBILE APP FOR ID PROOFING**

ADDING NEW CLIENTS

Coming
Soon:
11/18/2021

[Overview](#) [My Profile](#) [My Clients](#) [My Inbox](#) [Documents](#) [Address History](#) [Useful Links](#)

Manage Clientscollapse

Individual

Search Individual

Select your Agency or Direct Clients from the drop down to view all associated Individuals or click "Add New Individual" to start a new Individual application. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency *

Add New Individual

Filter:

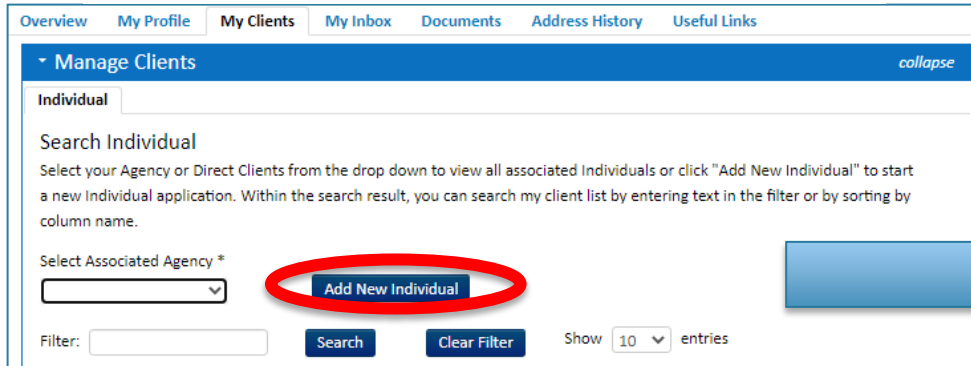
Search

Clear Filter

Show 10 entries

ADDING NEW CLIENTS

CURRENT System Behavior



Overview My Profile My Clients My Inbox Documents Address History Useful Links

Manage Clients collapse

Individual

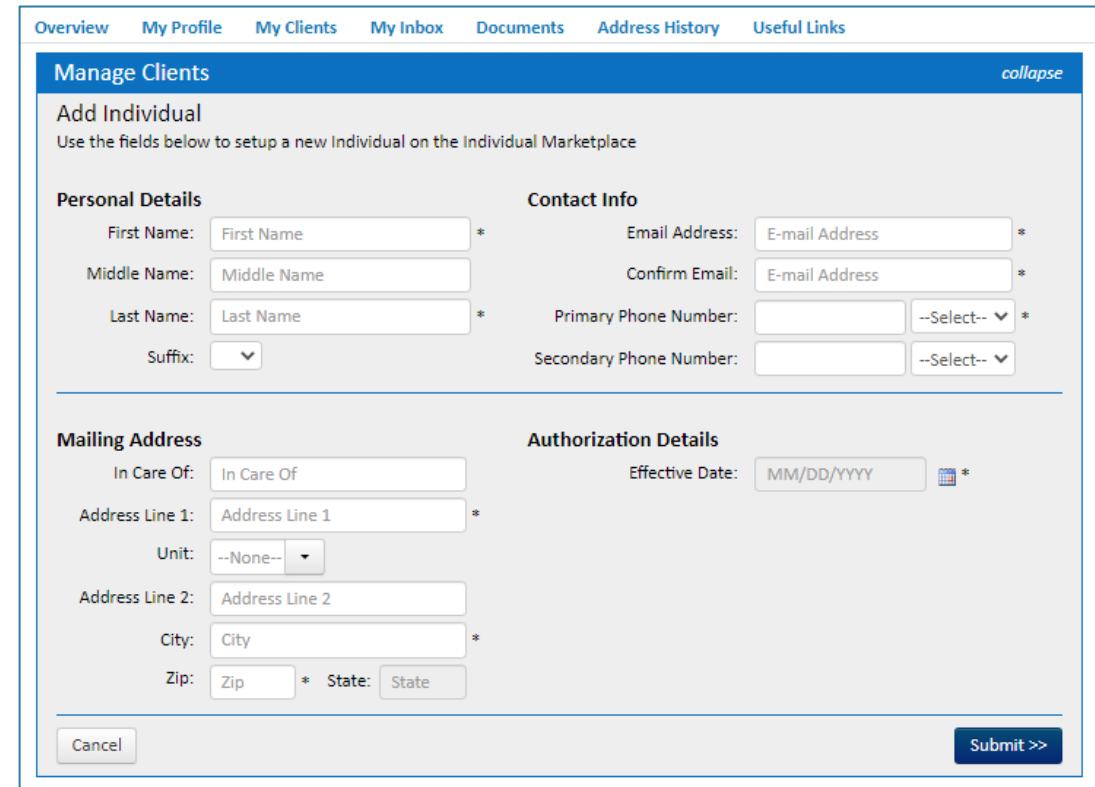
Search Individual

Select your Agency or Direct Clients from the drop down to view all associated Individuals or click "Add New Individual" to start a new Individual application. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency *

Filter: Search Clear Filter Show 10 entries

Add New Individual



Overview My Profile My Clients My Inbox Documents Address History Useful Links

Manage Clients collapse

Add Individual

Use the fields below to setup a new Individual on the Individual Marketplace

Personal Details

First Name: First Name *
Middle Name: Middle Name
Last Name: Last Name *
Suffix: --Select--

Contact Info

Email Address: E-mail Address *
Confirm Email: E-mail Address *
Primary Phone Number: --Select-- *
Secondary Phone Number: --Select--

Mailing Address

In Care Of: In Care Of
Address Line 1: Address Line 1 *
Unit: --None--
Address Line 2: Address Line 2
City: City *
Zip: Zip * State: State

Authorization Details

Effective Date: MM/DD/YYYY *

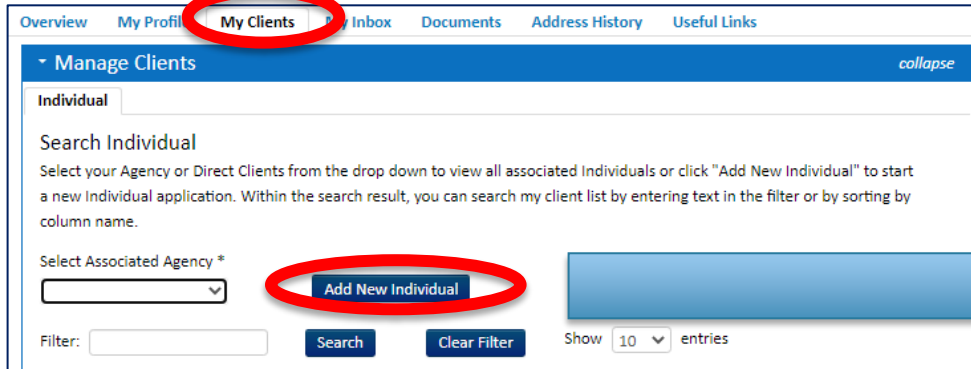
Cancel Submit >>

- The Assistor navigates to the “My Clients” tab on their dashboard.
- The Assistor clicks “Add New Individual” to add an account for a consumer who does not have one already.
- The “Add Individual” form to the right appears for the Assistor to fill out the consumer’s demographic information.

If a consumer already has an account on NY State of Health, they will be stopped AND an account number will be created unnecessarily.

ADDING NEW CLIENTS, CONTINUED

FUTURE System Behavior (11/18/21)



Overview My Profile **My Clients** Inbox Documents Address History Useful Links

Manage Clients collapse

Individual

Search Individual

Select your Agency or Direct Clients from the drop down to view all associated Individuals or click "Add New Individual" to start a new Individual application. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency *

Add New Individual

Filter: Search Clear Filter Show 10 entries

- The Assistor navigates to the “My Clients” tab on their dashboard.
- The Assistor clicks “Add New Individual” to add an account for a consumer who does not have one already.
- The Assistor will be taken directly to the “Account and Identity Information” page of the consumer application.

Identifying Information

NY State of Health includes protected systems that contain United States ("US") and New York State government information. User actions are monitored and audited under strict US and New York State Government regulations. Authorized users agree to perform only authorized functions regarding the application for and enrollment in health insurance coverage and agree to take responsibility for all actions performed from their accounts.

Unauthorized use of these systems is prohibited and subject to criminal and civil sanctions, including but not limited to those outlined in Title 26 of the United States Code, Sections 7213 7213A and 7431; Title 18 NYCRR; NYS Penal Law Section 156; NYS Social Services Law and NYS Public Health Law. Penalties for misuse of Federal Tax Information or Medicaid recipient data may include, but are not limited to, fines of up to \$5000 and/or imprisonment for up to 5 years.

Tell us some additional information about yourself. We use this information to confirm your identity before NY State of Health can check any federal or state data, or release information regarding your health insurance coverage. Confirming your identity helps us protect your personal information and privacy.

Personal Details

Tell us about the adult who will be the contact person for your application.
Social Security Number (SSN).

First Name *

Marcus x

Middle Name

Gender * ?

☐ Male ☐ Female

Date of Birth *

MM - DD - YYYY

Social Security Number * ?

NY State of Health needs a Social Security Number (SSN) to determine if you can get one. You may not qualify for health coverage if you do not have an SSN. We use SSNs to check income and other information to see who is eligible for health coverage.

- -

Confirm Social Security Number *

- -

☐ I Don't Have One ?

Household Address

Tell us where you live. This should be the address that is on your driver's license or issued Photo ID. Your household address cannot include a P.O. box.

+ Add Household Address

Mailing Address

Your mailing address is where you want your mail to be delivered. This is the address to send notices and other important information.

☐ Mailing address is the same as Household Address

+ Add Mailing Address

Telephone Numbers

NY State of Health will use the primary phone number if we need to contact you about your account or health coverage. You can include another phone number where we can reach you. To consent ("opt-in") to receive text messages from NY State of Health, list your cell number and check the box indicating consent ("opt-in") to receive text messages.

Primary Phone Number *

Extension

Type *

(555) 555 - 5555 x Cell

☐ Use this number when contacting me by phone.

☐ I consent ("opt-in") to receive text messages from NY State of Health at the phone number that I provided. By checking this box, I agree to the [Terms of Service and Privacy Policy](#) for SMS/text messages from or on behalf of NY State of Health. I understand this is not a requirement for my application for health coverage. Message and data rates may apply.

Email Address

NY State of Health will contact you with account updates and other important information using email. We will not include any private or confidential information in email. You will be directed to log into your account to read your notice.

Email Address

Confirm Email Address

Communication Preferences *

Please choose how you want NY State of Health to send you notices and other important information about your health coverage.

- ☐ **Paperless** – get an email alert when NY State of Health posts a new notice to your online account
- ☐ **Printed** – receive paper notices by U.S. Postal Service
- ☐ **Alternative Format** – receive notices in a format accessible for individuals who are blind or seriously visually impaired

Language Preferences

Tell us the language you prefer to speak or read so that we can better accommodate your needs.

Preferred Language - Spoken *

English

Preferred Language - Written *

English

ADDING NEW CLIENTS, CONTINUED

FUTURE System Behavior (11/18/21)



Language Preferences

Tell us the language you prefer to speak or read so that we can better accommodate your needs.

Preferred Language - Spoken * Preferred Language - Written *

English English

☒ I agree with the General Privacy Attestation

Note to Assistors: After clicking Next, we will verify that there are no duplicate accounts and then this individual will be added to your list of clients. At that point, you may choose to exit or continue with a new application for the client.

Next

New text will be added to the bottom of the Account and Identity Information page.

Note to Assistors: After clicking Next, we will verify that there are no duplicate accounts and then this individual will be added to your list of clients. At that point, you may choose to exit or continue with a new application for the client.

Once the Assistor clicks “Next,” a check for duplicate accounts will occur.

ADDING NEW CLIENTS, CONTINUED

FUTURE System Behavior (11/18/21)

Potential Duplicate Account Found

The information that you have entered closely matches an account that is already in our system.
You entered:

Individual Name	Sex	DOB	SSN
Paul Charles Profiterole, Jr.	M	01/01/1988	***-**-1234

If this consumer has another account and has access to the existing account, they may log in and assign you as their Assistor. If the consumer does not have access to their existing account, please call customer service at 1-855-355-5777 to resolve the duplicate account issue and potentially have the other account added to your dashboard. **Stay on this modal until you are able to confirm the appropriate button to click after speaking to a call center representative.**

If you choose to ignore this warning and continue, it is likely that you will create a duplicate account for this individual and may still not be able to finish setting up this account.

Back to Assistor Dashboard **Ignore Warning and Continue**

If a potential duplicate account is found based on the information entered on the “Account and Identity Information” page, a pop up will appear.

Assistors will have the option to:

1. Navigate back to the Assistor dashboard without creating this new account.
2. Ignore the duplicate account warning and proceed to create a new account.

Stay on this screen until you can confirm the appropriate button to click after speaking to a call center representative.

If you learn that the consumer has an existing account, they may log in and assign you as their Assistor. They can also assign you to their existing account with the Call Center.

If this is the case, you would clear out of this screen by clicking on “Back to Assistor Dashboard.”

ADDING NEW CLIENTS, CONTINUED

FUTURE System Behavior (11/18/21)

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Back to Assistor Dashboard

Ignore Warning and Continue

The Call Center can also advise if there may be a reason that the Assistor should proceed to create an account for the consumer.

If this is the case, you would click on “Ignore Warning and Continue.”

A HX ID Pop-Up may still appear and needs to be resolved.

ADDING NEW CLIENTS, WRAP-UP

Starting on November 18, 2021 this new process for adding clients will:

- Decrease the total number of duplicate accounts created in NY State of Health
 - Reduce the burden on the Assistor when a consumer is new to them
 - ☐ Information gathering
 - ☐ Identity Proofing
 - ☐ Duplicate accounts
 - ☐ Inactive accounts





**Coming
Soon:
11/22/2021**

Identity Verification Form				
1. Applicant Name				
2. Address		3. City	4. State	5. ZIP Code
6. Date of Birth (mm/dd/yyyy)		7. Social Security Number	8. Telephone Number	
List A Submit a <u>copy</u> of ONE		OR	List B Submit a <u>copy</u> of TWO	
<ul style="list-style-type: none"> U.S. Passport book or card Foreign Passport book or card Driver's license Official Government Identification card School Identification card U.S. military card or draft record Military dependent's Identification card Native American Tribal Document U.S. Coast Guard Merchant Mariner card Certificate of Naturalization (N-550 or N-570) Certificate of U.S. Citizenship (N-560 or N-561) Office of Refugee Resettlement Verification of Release Form 			<ul style="list-style-type: none"> Birth certificate Social Security card Marriage certificate Divorce decree Employer Identification card High school diploma College diploma High school equivalency diploma Property deed or title 	
		OR	List C Submit a <u>copy</u> of ONE	
			<ul style="list-style-type: none"> Hospital or clinic record* Doctor's record* 	
<p>*Applies to applicants 18 and younger only</p>				
<p>Attestation: I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.</p>				
9. Your Signature			10. Date (mm/dd/yyyy)	
11. Name (type or print legibly)			12. Relationship to applicant	

NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-800-662-1220 or 1-877-662-4886 for TTY in Spanish.

DOH-5088 (12/14)




USING THE MOBILE APP FOR ID PROOFING

Assistors will be able to upload identity proofing documents for consumers using the Mobile Upload App!

Click here if you are an assistor uploading documents for consumer identity proofing



4:24

 **nystateofhealth**
The Official Health Plan Marketplace

NYSOH Upload

Enter the first and last name of the person whose documents you are submitting. Enter an email address to get a receipt for the documents.

First Name
Required

Last Name
Required

Email
Required

[Click here if you are an assistor uploading documents for consumer identity proofing.](#)

Next

USING THE MOBILE APP FOR ID PROOFING



Assistors will need to enter identifying information for themselves and for the account that needs documents uploaded for identity verification.

4:24

Cancel

Welcome, Assistor

Enter your assistor information to begin the process of uploading consumer identity proofing documents.

Assistor Information

Assistor Account #
Required

Assistor First Name Assistor Last Name
Required Required

Assistor Email
Required

Assistor Phone
Required

Agency Name
Required

Next

4:24

Cancel

Welcome, Assistor

Enter the information for the account holder that requires identity proofing.

Account Holder Information

Account #
Required

Account Holder First Name
Required

Account Holder Last Name
Required

Account Holder DOB
Required

Next

4:25

Cancel

Welcome, Assistor

Please provide any additional information regarding the identity proofing documents, if necessary, in the space below:

Assistor Notes

Please enter notes here

Continue to Submit

USING THE MOBILE APP FOR ID PROOFING



Each submission for Identity Proofing must include the following:

- A completed identity proofing form
- Supporting documents (if applicable)

NY State of Health will not process manual identity proofing without the appropriate form and identity documents.

Proceed to upload documents for identity proofing by clicking the “Take a Photo” button.

- Taking a picture of a consumer’s document using the NYSOH Mobile Upload App is acceptable because this app uses enhanced technology which does not save it as a photo or any other file type.

You can find the identity proofing forms in both Spanish and English in your Assistor Tool Kit.

<https://info.nystateofhealth.ny.gov/assistor toolkit>

The screenshot shows the 'How to Submit a Document' screen in the NY State of Health mobile app. At the top, there is a status bar with the time 4:25 and signal indicators. Below the status bar is a navigation bar with a back arrow, the title 'How to Submit a Document', and a 'Cancel' button. The main content area displays the 'Account Holder Name: Eli Nixon'. Below this, there is a section with instructions: 'Please submit a completed Identity Proofing Form with the associated valid supporting documents. Failure to submit the appropriate form will result in the identity proofing not being processed. Be sure to review the list of acceptable documents for identity proofing listed on the form. You can find the acceptable identity verification documents in your Assistor Tool Kit.' A URL is provided: <https://info.nystateofhealth.ny.gov/assistor toolkit>. Below the text is a photograph of a person's hands holding a smartphone over a document on a table. Under the photo is the heading 'Take a Photo' followed by a paragraph: 'If this is your first time using the app, NYSOH Upload will ask for access to your camera. If you don't allow access to your camera, you won't be able to take photos with this app.' At the bottom of this section is a large orange button labeled 'Take a Photo'. Below the button is a section titled 'We protect your private information' with the text: 'When you take photos of ID Proofing documents, the information is secure. This app will not save photos to your device. This app encrypts all photos you submit.'

USING THE MOBILE APP FOR ID PROOFING

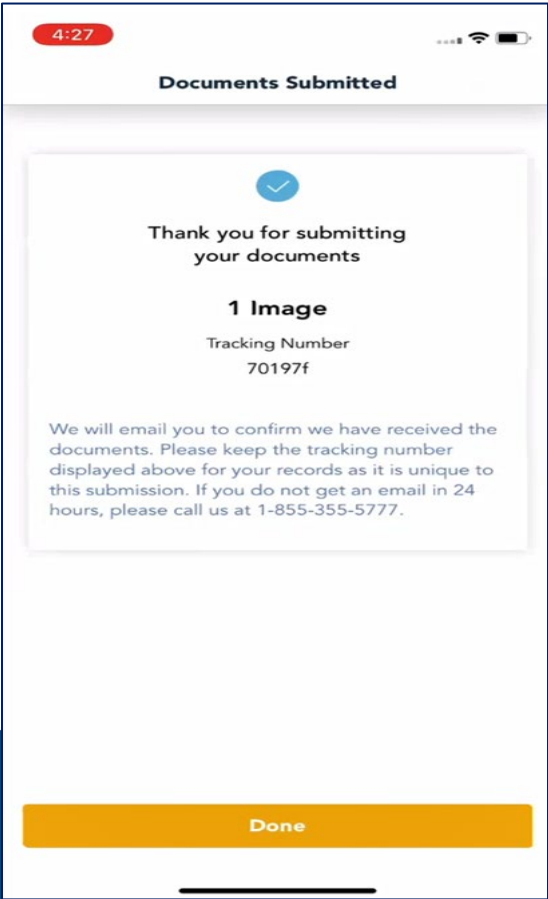
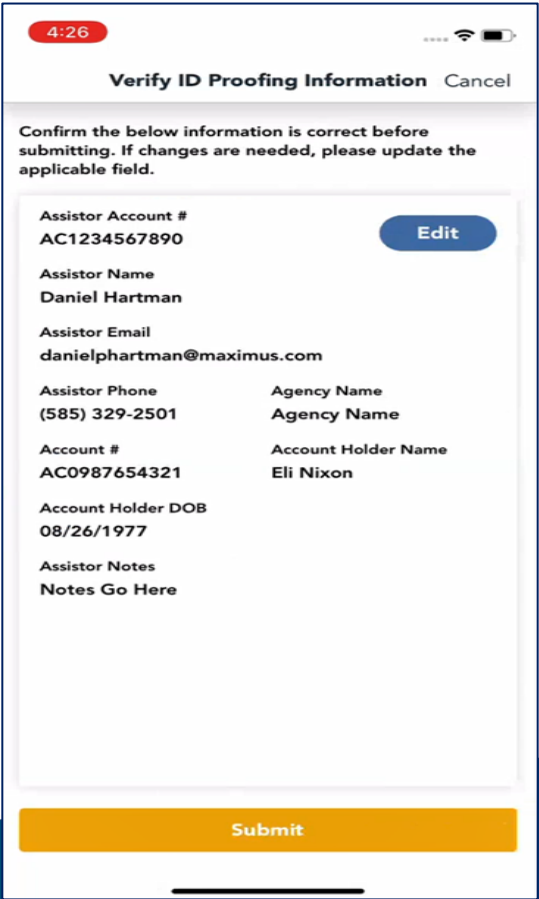
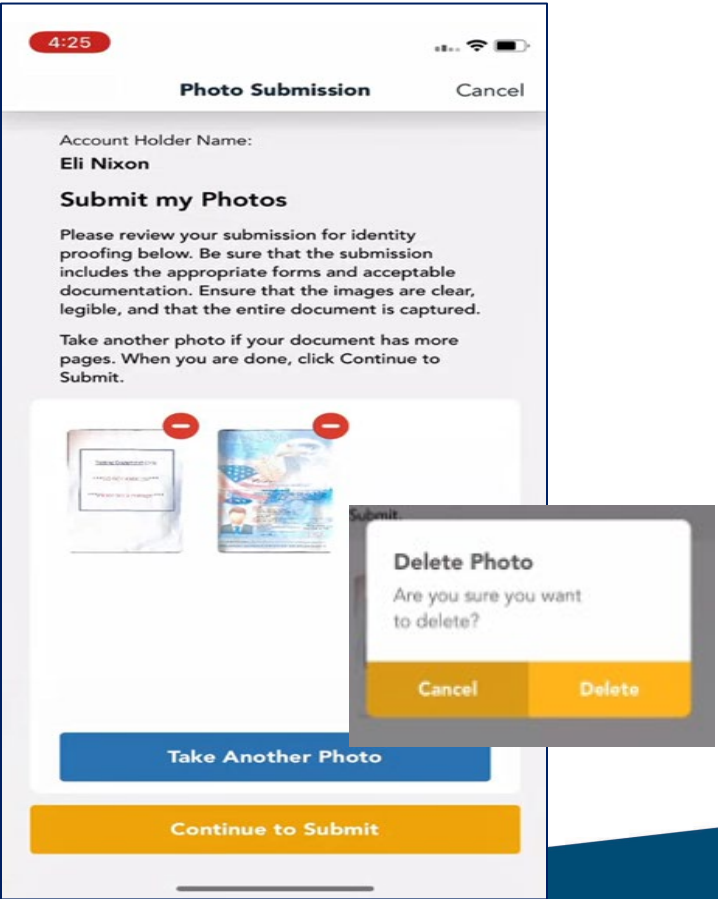


Assistors can upload multiple photos to complete the identity proofing submission.

- Review Documents/Photos
- Zoom/Crop
- Remove/Delete

Assistors will have the opportunity to review and edit the information provided.

Assistors will receive confirmation that the documents have been submitted.



USING THE MOBILE APP FOR ID PROOFING



NYSOH ID Proofing Document Submission

do-not-reply-UAT@nysoh-mobile-upload.com

To Hartman, Daniel P

[Retention Policy](#) [Default Email Retention \(1 year\)](#)

Reply

Reply All

Forward

Tue 10/19/2021 4:30 PM

Expires 10/19/2022

Dear Assistor,

All documents submitted as part of 70197f from your mobile device have been successfully received.

This is an electronically generated, automated notice. Please do not respond to this email.

USING THE MOBILE APP FOR ID PROOFING

MOBILE UPLOAD APP

DEMONSTRATION



November 2021 – Updates for Assistors

- **ADDING NEW CLIENTS**
- **USING THE MOBILE APP FOR ID PROOFING**



**THANK YOU
FOR JOINING
US!**

QUESTIONS?

Send an email to: Assistor.Admin@health.ny.gov

